

United States Bankruptcy Court

Eastern District of Pennsylvania

In re: Michael Jude Billera : Case No.: 17-18394  
Cynthia M. Billera :

: CERTIFICATION OF BUSINESS DEBTOR  
REGARDING MONTHLY REPORT

I, Michael Jude Billera, being of full age and duly sworn upon my oath, depose(s) and say(s):

1. I am the business Debtor(s) in the above referenced matter.
2. I have completed and attached a Monthly Financial Report for the month of March 2018.
3. All of the information in the Monthly Financial Report is complete, true and correct to the best of my knowledge, information and belief.

This certification and all attachments shall be filed with the Clerk of the United States Bankruptcy Court, the United States Trustee and the Chapter 13 Standing Trustee in accordance with Section 1304 and Section 704(8) of the United States Bankruptcy Code.

Date: 9-11-18 X/MJB \_\_\_\_\_ Debtor

Date: 9-11-18 Cynthia M. Billera \_\_\_\_\_ Debtor

PETITION FILED: \_\_\_\_\_

MONTHLY REPORT NO. \_\_\_\_\_

DEBTOR IN POSSESSION

MONTH ENDED March 2018

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ALL ITEMS MUST BE ANSWERED USING "NONE" OR N/A WHERE APPROPRIATE

CHAPTER      MONTHLY REPORT FOR INDIVIDUALS ENGAGED IN BUSINESS

1. Cash on Hand (on filing date, or thereafter, from prior reporting period) \_\_\_\_\_

2. Receipts during Report Period:

- a. Salary and Commissions 1036.00
- b. Interest or Dividend Income N/A
- c. Real Estate Rental N/A
- d. Other (Describe-Schedule A) N/A

TOTAL RECEIPTS \_\_\_\_\_

3. Disbursements:

- a. Taxes – IRS 114.00
- b. Taxes-State, including any sales tax due 41.00
- c. Taxes- Real Estate \_\_\_\_\_
- d. Taxes- Other 21.00
- e. Utilities \_\_\_\_\_
- f. Mortgage(s) or Rent(s) \_\_\_\_\_
- g. Insurance premiums (list type) \_\_\_\_\_
- h. Food \_\_\_\_\_
- i. Medical \_\_\_\_\_
- j. Car loan \_\_\_\_\_
- k. Automobile expenses \_\_\_\_\_

l. Clothing \_\_\_\_\_

m. Gifts – donations (Schedule B) \_\_\_\_\_

n. Tuitions (Schedule B) \_\_\_\_\_

o. Other (Describe) Membership Fes 110.08

TOTAL DISBURSEMENTS

4. Balance at end of reporting period [ (1-2) – 3] \_\_\_\_\_

5. Are you paying all your debts (post filing) as they are incurred? If not, list outstanding obligations and amounts due at end of current period on Schedule C.

6. Is all insurance paid up-to-date? \_\_\_\_\_

Debtor in Possession Checking Account(s):

NAME, LOCATION AND NUMBER(S) \_\_\_\_\_

BRANCH \_\_\_\_\_

Debtor in Possession Savings Account(s) and Investments, including IRA's, Keogh, Pension:

DESCRIBE: \_\_\_\_\_

BRANCH: \_\_\_\_\_

SCHEDULE A

(2)(d) Other:

SCHEDULE B

Gifts – donations/Name(s) of recipient(s):

Tuition(s) list name and school(s):

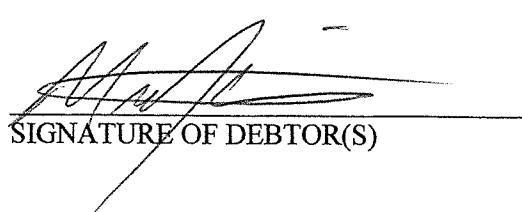
CASE NO. \_\_\_\_\_

MONTH ENDING 3/18

SCHEDULE C

Outstanding obligations: (List payee and date incurred)

I DECLARE THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL TAX REPORTS OR RETURNS WHICH BECAME DUE DURING THE REPORTING PERIOD HAVE BEEN FILED AND ALL REQUIRED PAYMENTS MADE.

  
\_\_\_\_\_  
SIGNATURE OF DEBTOR(S)

9-11-18  
\_\_\_\_\_  
DATE